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## Registration Form

**Training Name:** TTAP Region 8 Training, Salina **Date(s):** April 28, & 29, 2015

**Location:** Central Kansas Cooperative and Education, Salina, KS **Fee:** \$20.00

**Complete this form in its entirety. Please use a mailing and email address where you can receive mail throughout the year.**

Name/Team: \_\_\_\_\_ Organization: \_\_\_\_\_

This address is for: \_\_\_\_\_Home \_\_\_\_\_Work Role/Job Title: \_\_\_\_\_ID Teacher\_\_\_\_\_

Address 1: \_\_\_\_\_City: \_\_\_\_\_State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Email: \_\_\_\_\_

   I understand that as a component of this training, a TASN ATBS Staff Member will be following up with me/our team. This may be as few as one follow up.

**Please include any requests for provisions, services, or equipment per the Americans With Disabilities Act (ADA) and/or food allergies:** \_\_\_\_\_

**Registration Fees:** All TASN Autism and Tertiary Behavior Supports trainings charge a cost recovery fee of \$10 per day per person. For example, a 2 day training has a fee of \$20, a 3 day training has a fee of \$30 and so on. **Registration forms that are not accompanied by a check or Purchase Order will not be honored.** Please indicate on the purchase order the name of the training, date and the names of those for whom the purchase order is covering the registration fee. *Purchase Orders may cover multiple participants to the same training. Please make checks or POs payable to Keystone Learning Services.* Send registration form and fees to Jennifer Houser, TASN Mail Stop 3055, 3901 Rainbow Blvd, Kansas City, KS 66160, fax number 913-588-5942. Or email to [jhouser@kumc.edu](mailto:jhouser@kumc.edu). Registrants will receive confirmation of registration from Jennifer and an e-mail reminder of the training, one week prior to Day 1.

If you have general questions about the training or about submission of fees, please contact Jennifer Houser at 913-588-5943 or at the above email address.

**Refund Information:** *(April 21, 2015 is the last date for full refunds)*

Please find attached information specific to the training for which you are registering. The attachment includes important information. We appreciate your taking the time to read it.

**Please contact [jhouser@kumc.edu](mailto:jhouser@kumc.edu) if you do not receive a confirmation email one week prior to the training.**



## TEACCH Transition Assessment Profile (TTAP)

# TTAP Regional Training

<b>What it is:</b>	<p>A system for assessing hard and soft skills associated with: Employment; Daily Living; Recreation/Leisure; Independent functioning; Communication; and Quality of Life.</p> <p>Provides detailed information about vocational and behavioral strengths and needs for adult living (across contexts of home, school, community), not found in interest inventories.</p> <p>Appropriate for use with students who have moderate to severe disabilities (Neuro-developmental Disorders, Social Communication Disorders, ASD, and Downs, etc.), ages 11 and above (Informal), 14 and older (Formal).</p>
<b>Why Receive Training in the use of the TTAP:</b>	<p>Meets criteria for transition assessment set forth by IDEA.</p> <p>Results can be used to develop IEP/Transition goals and benchmarks that lead to a positive outcome beyond graduation.</p> <p>Assesses individuals in areas not included or covered by interest inventories.</p>
<b>Who Should Receive TTAP Training:</b>	<p>Transition and Evaluation Team members: School Psychologists; SLP's; Transition Specialists; Vocational/Guidance Counselors; Middle School Special Education Teachers; High School Special Education Teachers; Community Service Providers; and any individual involved in re-evaluation of students age 11 and older.</p>